



Charlottetown
Prince Edward Island
March 31, 1989

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the
annual report of Addiction Services of Prince Edward Island
for the fiscal year ended March 31, 1989.

I have the honour to be,
Sir,
Your obedient servant,

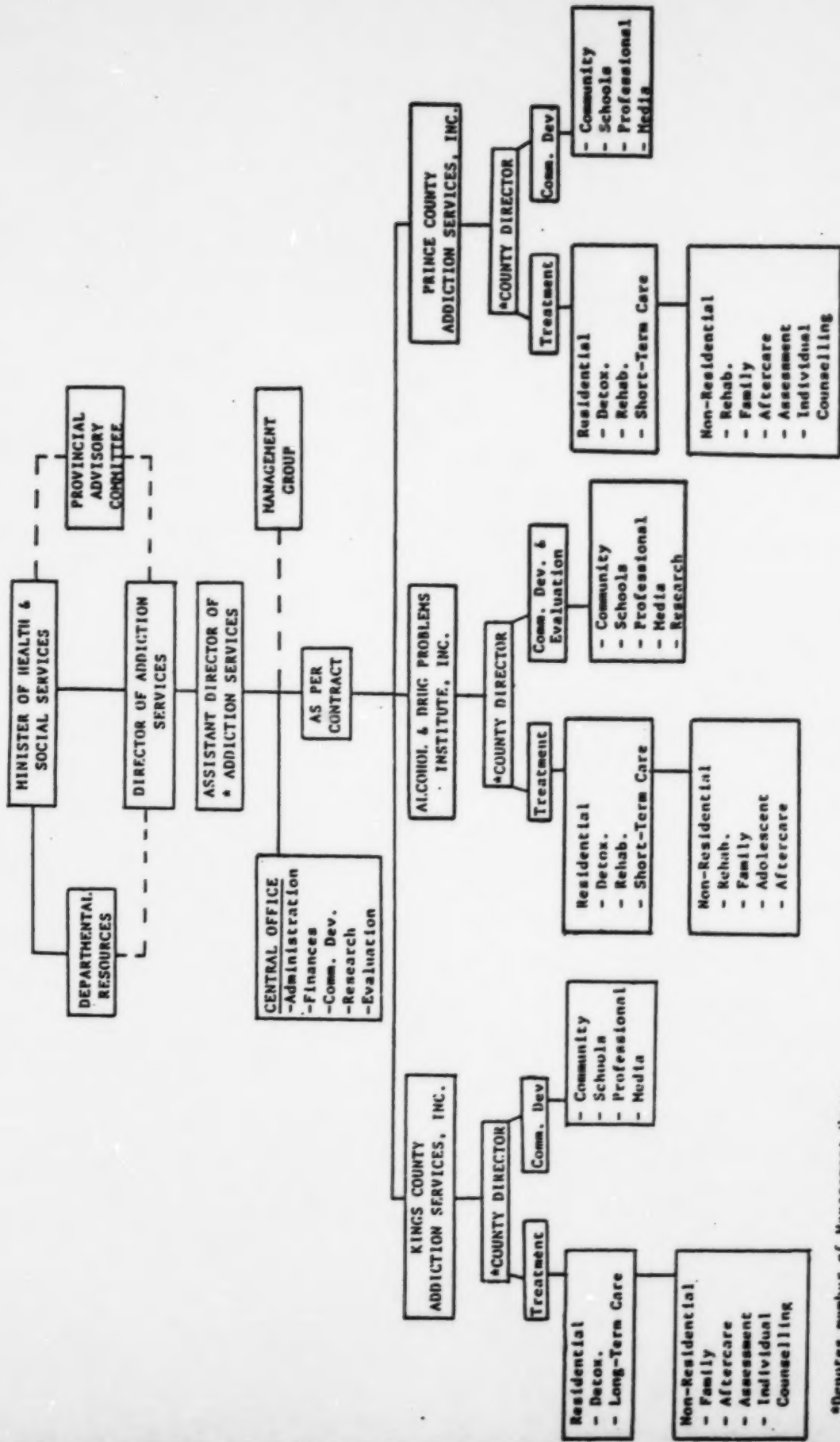
Wayne D. Cheverie, Q.C.
Minister Responsible
Addiction Services of
Prince Edward Island



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*Denotes member of Management Group

ORGANIZATIONAL CHART

ADDICTION SERVICES OF PRINCE EDWARD ISLAND



CENTRAL OFFICE

P.O. Box 37
McGill Avenue
Charlottetown, P.E.I.
C1A 7K2

TELEPHONE: 368-4379



CENTRAL OFFICE

The general mandate of Central Office, Addiction Services of Prince Edward Island is to establish guidelines and engage in an ongoing monitoring and evaluation process with the contracted County agencies; to be responsible for the development and implementation of research and evaluation programs as requested by the Counties; and to oversee the management of financial matters in consultation with the County agencies.

The staff of Central Office is under the Director of Addiction Services who reports directly to the Minister. The Director is the Provincial representative on the federal-provincial "Advisory Committee on Alcohol and Other Drug Problems" and the regional group of the four Directors of Addiction agencies in the Atlantic Provinces. The duties of the Assistant Director include consulting with the three County Directors to discuss common concerns and possible joint ventures and supervising the Central Office staff in their daily activities. This position was vacant for fiscal year 1988-89. The Assistant Director's duties were absorbed by the Community Development Coordinator.

To better serve the needs of the chemically dependent person and/or their families, the staff of Central Office works closely with the staff of Kings County Addiction Services, Alcohol & Drug Problems Institute and Prince County Addiction Services. The Boards of the three County Agencies set policy, allocate funds and employ a County Director to administer programs, continue to develop, implement and maintain community development and treatment programs in their respective county as required in the contracts signed with Government.

PROVINCIAL COMMUNITY DEVELOPMENT/PREVENTION PROGRAM

Provincial Community Development/Prevention programs are coordinated by the Community Development Coordinator, Central Office, and presented in cooperation with the county personnel to various provincial groups, government and private, through lectures, displays, audio-visual presentations and material resources. They aim at increasing public knowledge and understanding of our services, of alcohol and other drugs, and of the effects of chemical dependency on oneself, the family, and the community. Presentations were made to student nurses, police cadets, and private sector employees, among others. Manned displays were available throughout the year at various activities.

The Community Development Coordinator was the liaison between Addiction Services and various programs and activities of the National Drug Strategy Program. This National Program is a cooperative effort of the federal government and the government of the provinces and territories to reduce the harm resulting from the abuse of alcohol and other drugs to individuals, to families and to communities. The Coordinator's involvement with this Program included chairing the Provincial Review and Assessment Committee which recommended federal funding for appropriate community projects, monitoring with Health and Welfare the approved projects, coordinating the province's involvement in national prevention training programs and the province's participation in a national forum on drug abuse.

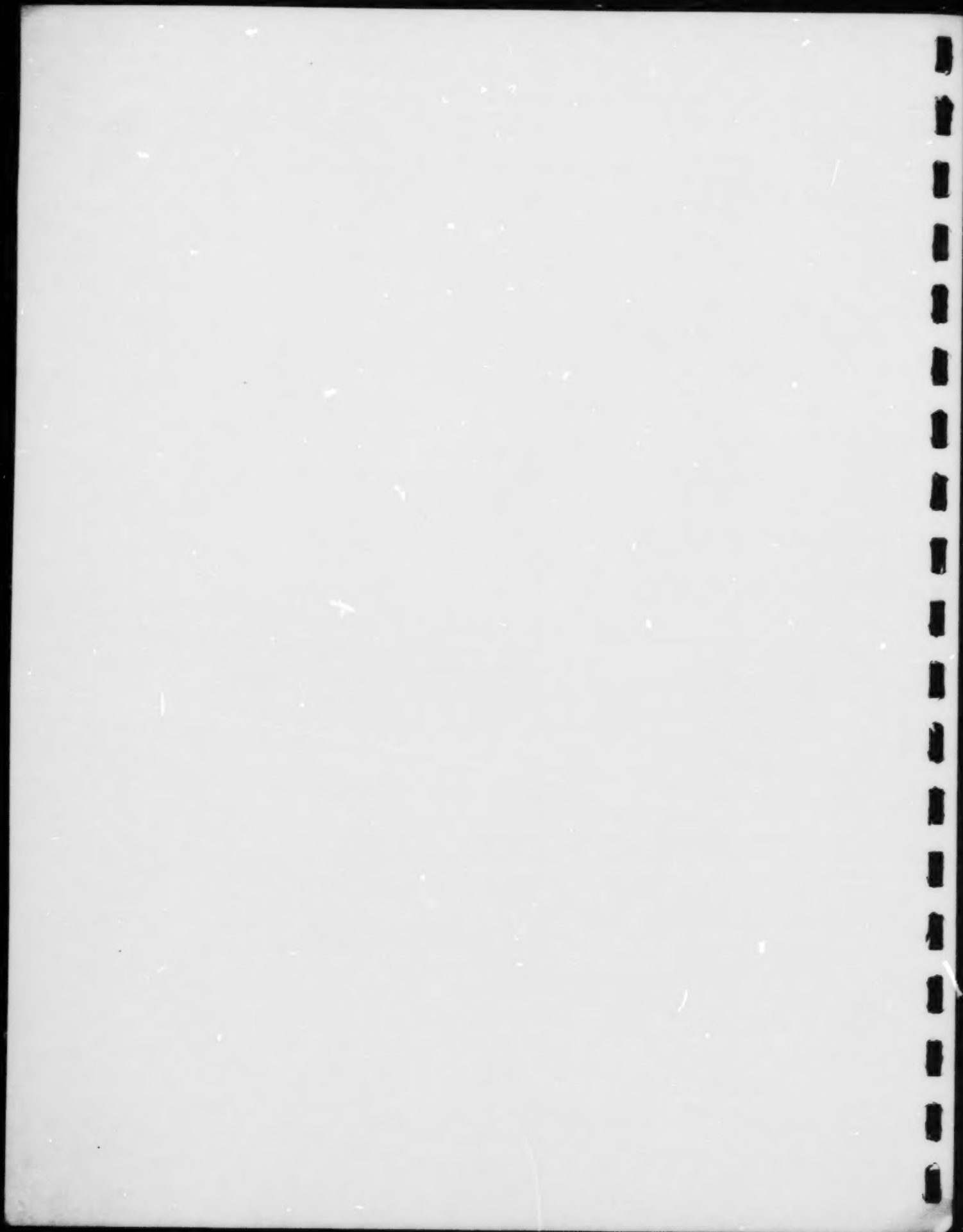
The Community Development Coordinator continued to meet with her colleagues of the other Atlantic Provinces to coordinate Drug Awareness Week activities, and to devise the program for the Atlantic Addictions Conference to be held in St. John's, Newfoundland, April 29 - May 2, 1990.

On the Provincial level, the Community Development Coordinator continued to meet regularly with her county counterparts and the R.C.M.P. National Drug Strategy Officer to coordinate activities in the schools and community, the activities and collateral material for Drug Awareness Week, to review materials, exchange information and pursue other matters of mutual interest. Addiction Services was represented by the Coordinator on the Council on Smoking and Health, the Citizens Council on Drug Abuse, the Provincial Advisory Committee on Impaired Driving, the Community Crime Prevention Steering Committee and the Health Fair Committee.

A literature supply, consisting of pamphlets, books and periodicals was maintained for use by county staff and the general public.

INFORMATION/TRAINING SESSIONS COORDINATED BY CENTRAL OFFICE

	<u>1987-88</u>	<u>1988-89</u>
Number of Sessions	23	22
Attendance at Sessions	401	522
Number of Individuals	337	443



KINGS COUNTY ADDICTION SERVICES

Breakwater Street
P.O. Box 100
Souris, P.E.I.
COA 2B0
TELEPHONE: 687-2150



BOARD OF DIRECTORS
KINGS COUNTY ADDICTION SERVICES
APRIL 1, 1988 - MARCH 31, 1989

Mr. Louis Callaghan, Chairperson
Mrs. Mary Kelly, Vice-Chairperson
Mr. William McClure, Secretary
Sister Elizabeth Dunn
Mr. Emerson Gormley
Mr. Basil MacDonald
Mr. James MacDonald
Mr. Joseph MacKinnon
Mrs. Marcella MacRae
Mr. Leslie Phelan

MANAGEMENT PERSONNEL

Ms. Patricia LeClair, R.N.	Kings County Director
Ms. Maureen McIver, R.N.	Nursing Supervisor
Mr. Alfred Egan, B.A., B.Ed.	Community Development Coordinator
Ms. Lorna Muzzerall, R.N., B.N.	Family Therapist
Dr. Donald Vickerson	Medical Consultant

DETOXIFICATION PROGRAM

The Kings County Detoxification Unit is located in Souris on Breakwater Street. It is a twelve-bed facility and is functional throughout the entire fiscal year.

The primary function of the Unit is to provide a protective setting which allows clients to withdraw safely from alcohol and other drugs under medical supervision.

A second function is that of motivating and guiding clients to further treatment. This is done through individual counselling, lecture-discussion groups and through referral to other Addiction Services programs as required.

A third function is that of providing support to individuals who are sober but are experiencing some severe sobriety-based symptoms of alcoholism. To that end we will admit for stabilization and counselling.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	457	472
Total Number of Male Admissions	412	431
Total Number of Female Admissions	45	41
Total Number of New Admissions	68	80
Total Number of Individuals Admitted	226	264
Total Number of Male Individuals	197	242
Total Number of Female Individuals	29	22
Average Age - Males	47 yrs.	45 yrs.
Average Age - Females	34 yrs.	41 yrs.
Average Length of Stay - Males	6 days	6 days
Average Length of Stay - Females	6 days	7 days
Residential Individual Counselling Sessions	391	510
Non-Residential Individual Counselling Sessions	384	308

Highway Safety Division

Number of Highway Safety Assessments	50	58
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NON-RESIDENTIAL SERVICES

The following services are provided on a non-residential basis, by Addiction Workers:

Aftercare

This is a program available to all chemically dependent persons who have completed a rehabilitation program, either residential or non-residential. It is conducted by staff and other chemically dependent persons who have several years sobriety and are well established in a program of Alcoholics Anonymous. The recommended length of stay in this program is one year, with attendance on a weekly basis.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Number of Group Sessions	153	142
Number in Attendance	1,721	1,898
Average Group Size	11	14

Follow-Up

This group therapy program is designed for chemically dependent persons who have gone through a detoxification program but who have not as yet had a rehabilitation program. After discharge from Detoxification, it is recommended that people attend one follow-up meeting per week at the Detoxification Unit for a period of six months. Clients are also strongly encouraged to become involved in the Alcoholics Anonymous program.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Number of Group Sessions	51	52
Number in Attendance	1,260	1,462
Average Group Size	25	28

COMMUNITY DEVELOPMENT

The Community Development Coordinator works on a six-month basis from mid September until mid March.

School and Community Information Program

This program in Kings County is under the direction of the Community Development Coordinator. Information programs are offered to various groups and organizations within Kings County, and furthermore, while this component of our information outreach service is recognized as valuable and necessary, it is in the school system where our greatest emphasis lies.

A core program of chemical dependency information was designed and implemented by the coordinator to operate at the Grades 5-9 levels inclusively. Other grade levels are offered the same service upon request. The school program has as its overall philosophy the creation of an atmosphere in which a concentrated effort may be made in the areas of prevention and early intervention. The direction taken was to focus strictly upon the subject of chemical dependency per se (i.e. alcoholism, drug addiction), and to examine it on an indepth level. This approach supplemented and enhanced the schools' existing health education curriculum which focused primarily upon factual information and statistical data with respect to alcohol and a variety of other drugs. A new program for senior high school students titled "You, Drugs and the Law" has been developed and is available to these students on a request basis.

Our program also dovetailed and interfaced with the Alcohol-Marijuana Information Program offered by Allied Youth. Each school visited was given a resource package of pamphlets and handouts containing information on a wide variety of drugs. These materials were for teacher and library use.

The Community Development Coordinator also serves on a provincial committee to aid in the development and coordination of provincial projects such as Drug Awareness Week.

To aid us in our attempts to make our Community Information Outreach Program better known to the public at large, a great deal of advertising is done through such devices as public service announcements in various media and a mail advertising campaign to various service clubs, community, professional and church groups throughout the County.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Number of Classroom Sessions	94	77
Total Number Attending	3,029	1,876
Number of Community Sessions	12	5
Total Number Attending	188	39

LONG-TERM CARE CENTRE

This ten-bed Long-Term Care facility in Georgetown continues to accommodate people from all three Counties who suffer from chronic chemical dependencies. The length of stay varies with the individual needs of the client.

The Georgetown House continues to operate with a supervisor and two attendants who cover the evening and week-end shifts.

A program is conducted daily which consists of group discussion, individual counselling, films, life skills, residential and community meetings of Alcoholics Anonymous. After a suitable period of time, when residents are adjusted to the Long-Term Care Program, they are encouraged to seek employment.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	45	49
Total Number of Individuals	36	28
Average Length of Stay	44 days	40 days
Average Age	51 yrs.	46 yrs.
Occupancy Rate	59%	58%
Total Number Days Stay	2,086	1,960

FAMILY PROGRAM

The Family Program for Kings County Addiction Services continues to grow and at the same time offers various services for the family of the chemically dependent person.

The Family Information Program consists of nine family related subject topics presented consecutively on a continuous weekly basis. Each session lasts for one hour with time allowed for discussion following the presentation. Sessions are in Georgetown on Mondays and in Souris on Thursdays from 7:00 p.m. to 8:00 p.m.

Much of the week's work of the Family Program is spent making phone calls to the family members inviting them to the Family Information Program and for individual counselling. An arrangement has been made with the Montague Regional Service Centre office to allow the Family Therapist space in the Centre where clients can be counselled on Monday afternoons and Wednesday mornings. This allows a total of seven hours per week specifically set aside for counselling of Montague and surrounding area residents.

Referrals from other agencies are very much on the increase as more of these same agencies become aware of our services.

Office hours in Souris include meetings with the staff physician, Dr. Vickerson, and the nursing staff to share updated information on the progress of residents in treatment with emphasis on family involvement.

Occasionally information is presented on the effect of chemical dependency on the family to outside agencies and schools. These presentations may take place during the working hours or in the evening and range from one to three hours per session.

The main goal of the Family Program for Kings County Addiction Services is to make every person in this County aware of the service offered to those in need of support when dealing with the problem of chemical dependency.

STATISTICAL SUMMARY

	(Oct. to Mar.) <u>1987-88</u>	<u>1988-89</u>
Number of Family Presentations	44	83
Number in Attendance	391	523
Number of Individuals	246	337
One on One Consultations	151	411
Telephone Contacts - Client	192	289
Telephone Contacts - Professional	100	190
Number of Outside Talks	7	49
Number in Attendance	658	632
Referrals to Other Agencies	16	31
Referrals from Other Agencies	78	143

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QUEENS COUNTY ADDICTION SERVICES

McGill Avenue
P.O. Box 1832
Charlottetown, P.E.I.
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BOARD OF DIRECTORS
ALCOHOL AND DRUG PROBLEMS INSTITUTE INC.

APRIL 1, 1988 - MARCH 31, 1989

Dr. Leo Killorn, President
Mrs. Shirley Beck
Mr. Gerry Birt
Mr. Jack Blanchard
Mr. Jim Brady
Mr. Colin Campbell
Mr. Brian Gillis
Mrs. Helen Killorn
Ms. Gladys MacMillan
Mr. Ray Malone
Mr. Albert Ross
Mr. Gordon Tweedy

MANAGEMENT PERSONNEL

Dr. Leo Killorn	Queens County Director
Sister Bertha McCarthy, R.N.	Nursing Supervisor Detoxification Unit
Dr. Marjorie A. Smith	Medical Director Detoxification Unit
Mr. William Allen	Supervisor Rehabilitation Services
Mr. Peter MacLean	Manager Halfway House

OVERVIEW OF 1988-89

During the fiscal year 1988-89 there were no major changes in the basic programs being presented by the Alcohol and Drug Problems Institute Inc. through the mechanism of Queens County Addiction Services. We continue to provide both residential and non-residential detoxification services, residential and non-residential rehabilitation services, services to family and children of addicted persons, after-care program, public information to schools and community groups, as well as overall networking with other related services within the community.

The content of these varying programs continued to be monitored and improved on a regular basis by the Director and staff through the mechanism of weekly staff meetings of various departments. The effectiveness of the programs is, in the main, measured by the percentage of persons which move through the various elements of the program, for example, percentage of those in Detoxification who engage in the Rehabilitation Program, percentage of those from the Rehabilitation Program who engage in the Aftercare Program, and the percentage of those who begin the Aftercare Program who complete this program.

During this fiscal year no programs were discontinued, and we continue to be able to present recovery programs to large numbers of chemically dependent persons, as well as their families, despite a continuing strain on our limited resources.

The total number of admissions to the Detoxification Unit at the Alcoholism Treatment Centre decreased somewhat from 784 the previous year to 749 during this fiscal year. The decrease seems to be mainly in the area of female admissions, which decreased from 160 to 119. Of those admitted, 16 percent were females, compared to 20 percent for the previous year. The percentage of new admissions remained at exactly the same level as the previous year, namely 44 percent. The percentage of total admissions referred to the Rehabilitation Program, or Phase II, was 50 percent, compared to 51 percent the previous year.

686 persons engaged in our Rehabilitation Programs during the year 1988-89 (351 residential and 335 non-residential). There was a decrease in the number of residential admissions by 46 persons and an increase in the number of non-residential admissions by 72 persons. The number of employer referrals had decreased from 18 to 7, while referral from other sources remained relatively stable. The average age of people in our Rehabilitation Program is 40 years.

The Aftercare groups, which include attendance at a weekly meeting for a period of approximately six months, continued to operate with an average number in attendance at each group being approximately 10. 245 persons engaged in our Aftercare Program in Queens County, compared to 257 the previous year, with over 50 percent completing the program.

Our ten-session Family Program continued to operate with the number attending being increased somewhat from the previous year with approximately 220 more persons attending. The two new Aftercare groups which had been developed to follow the family sessions continued during this year, namely a Parents' Support Group and an Adult Children of Alcoholics Therapy Group.

There were two major changes in staffing during the fiscal year 1988-89. Muriel MacLeod, who had been our Family Therapist for a period of over ten years, retired when she reached the age of 65. She was replaced by Rose Roach, R.N., who had been previously employed as a nurse in the Detoxification Unit and had been employed by D.V.A. over the past four years. In addition, one of our senior therapists, namely, Patricia LeClair, R.N., assumed the position of Director of Kings County Addiction Services in April of 1988. Her position was filled by Anne-Marie Bolger, M.S.W., who had had previous experience in working in our system.

Our liaison with various government agencies continued to operate in a similar manner as in the past. Our contact with the Department of Social Services was Marlene Roe, R.N., who visits the Treatment Centre on a weekly basis and arranges for referrals and assessments with our residential and non-residential staff. Our major contact with the Department of Justice is Helen Flynn, R.N., who has been engaged in assessing inmates at the Provincial Correctional Centre and the Summerside Jail in order to obtain temporary absence for those individuals who are considered amenable to our treatment programs. Brian Smith of the Correctional Service of Canada (Prince Edward Island Division) arranges for transfer of federal inmates to our programs, and provides for adequate assessment and follow-up of these persons.

The staff of the Highway Safety Division in Charlottetown continues to provide us with referrals of persons who have had three or more impaired driving convictions for assessment and suggested recovery program. The local psychiatrist, as well as the Outpatient Department of the Queen Elizabeth Hospital, are also a major source of referrals, either on a voluntary basis or Mental Health Act certification.

The majority of the programs presented are administered under an agreement between the Prince Edward Island Government's Department of Health and Social Services and the Alcohol and Drug Problems Institute Inc. The Institute continued to operate programs such as the Adolescent Program and the Children of Alcoholics Program, which were funded from other agencies, namely, federal or local contributions.

The Board of the Institute continued to meet on a regular basis to discuss the stabilization and progression of treatment programs, with the major focus of the Board being on informational and prevention policies, as well as adolescent programs.

The programs presently being administered by the Alcohol and Drug Problems Institute under the designation of Queens County Addiction Services and government funded are as follows:

1. Residential Detoxification Program
2. Residential Rehabilitation Program
3. Non-Residential Rehabilitation Program
4. Residential Assessment Unit
5. Residential Halfway House
6. Non-Residential Family Program
7. Aftercare Program
8. Parole Program
9. Impaired Driver Program
10. Early Release Probation Program
11. Public Relations and Information Program, including School Program
12. Statistical Surveys and Evaluation Program

In this 1988-89 report the statistical reports of each of these Departments will be presented along with comparisons from the previous year or years as indicated.

The Board of Directors and the staff of the Alcohol and Drug Problems Institute continue to use as their basic philosophy the precept that chemical dependency to any psychoactive drug, including alcohol, is a primary chronic disease which is treatable. We do not subscribe to approaches which do not incorporate this important tenet. We also realize that this is a relapsing disease and that treatment can only be successful with the total cooperation of the client. Although we strive towards total compliance by the client, we realize that this is not feasible nor possible.

In line with this thinking, during the year 1988-89, a new group was developed, namely, the Relapse Prevention Group, which was developed and operated by Damien Dunsford, our senior Non-Residential therapist. Mr. Dunsford had engaged in a course on relapse under the direction of Terrance Gorski in Chicago. This entailed his attendance at four weekly sessions in Chicago over a period of one year. Mr. Dunsford has obtained his certification as a Relapse Therapist from this program. The program, at present, is confined to males, but it is hoped that during the coming year that a Relapse Group for females can also be developed.

We continue to have an excellent liaison with community groups including Alcoholics Anonymous, Al-Anon, and Alateen. We provide individual and group sessions as well as meeting with Alcoholics Anonymous groups within our Rehabilitation Program format. We continue to refer all of our clients with the disease of chemical dependency to either Alcoholics Anonymous or Narcotics Anonymous in the community. Family members are referred to the Al-Anon family groups and Alateen.

We incorporate the principles of the Twelve Step recovery program of Alcoholics Anonymous into all of our treatment programs.

RESIDENTIAL DETOXIFICATION UNIT

The objectives of this Unit are to provide (1) safe detoxification of clients from psychoactive substances; (2) physical, psychological, social, and spiritual assessment of the client; and (3) motivation towards further treatment.

The nursing staff of the Unit, under the supervision of Sister Bertha McCarthy, R.N., serves as the major liaison between the client, their families, and various community groups who are involved with the care of the client. One of the major activities of this staff is continuing liaison with the staff of the Emergency Department of the Queen Elizabeth Hospital, as well as other staff members of the hospital, for the purpose of transfer of clients to and from our facilities.

Dr. Marjorie Smith has been appointed as Medical Director of the Unit and maintains contact with physicians in the community, as well as the psychiatric physicians, so that adequate chemical dependency treatment can be provided to as many medical clients as required.

The total number of admissions during 1988-89 to the Detoxification Unit was 749, which is a decrease of 35 from the number of the previous year. The average number of monthly admissions is 62, with 84 percent of these being male. There has been a decrease in the number of female admissions from 160 to 119, and the percentage of female admissions has fallen from 23 percent in 1986-87 to 16 percent in 1988-89.

The total number of new admissions to the Unit was 326, compared to 345 the previous year. The percentage of new admissions remained at a level of 44 percent.

There has been a moderate increase in the number of persons admitted who are using cocaine. This appeared to be mainly ingested by a nasal or parenteral route, and we have seen nothing of crack cocaine during this year. The majority of those who use this dangerous drug appear at the present time to be only using it in small amounts in conjunction with other psychoactive chemicals, and we saw only approximately three or four persons in whom cocaine was their major drug of choice.

373 persons were referred to Phase II, or the Rehabilitation section of our program, compared to 397 the previous year. This was approximately 50 percent of our total admissions, and amounted to 31 persons per month.

The total number of persons under a certification of the Mental Health Act increased markedly during 1988-89 to a level of 93 persons, from 66 the previous year. It should be noted, however, that the year previous to that, namely, 1986-87, there were 97 persons certified. The total number of Social Service referrals decreased from our average level of around 60 to 44 during this fiscal year.

We continue to admit people for our Rehabilitation Program from Kings County, and these are included in our statistics.

The number of employer clients decreased from 58 the previous year to 37 during 1988-89. This included persons engaging in both our residential and non-residential program. Obviously, this area needs some action during the coming year.

The number of persons dependent on cannabis continued to rise from 177 to 182. The nursing staff continues to do urinary assays for cannabis and benzodiazepines, and those with high levels of these chemicals are monitored on a continuing basis.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number Admissions	784	749
Total Number Male Admissions	624	630
Percentage of Male Admissions	80%	84%
Total Number of Female Admissions	160	119
Percentage of Female Admissions	20%	16%
Average Number Monthly Admissions	65	62
Average Number Monthly New Admissions	29	27
Total Number New Admissions	345	326
Percentage New Admissions	44%	44%
Average Length of Stay - Males	5 days	6 days
Average Length of Stay - Females	5 days	6 days
Total Number Referred to Phase II	397	373
Percentage of Total Admissions to Phase II	51%	50%
Average Monthly Number Referred to Phase II	33	29
Average Age - Males	40 yrs.	39 yrs.
Average Age - Females	39 yrs.	42 yrs.
Total Number Persons Certified	66	93
Average Number Monthly Certified	6	8
Total Number Social Service Referrals	62	44
(Residential)		
Total Number Admissions Dependent on Cannabis	177	182
Total Number Employer Clients (Residential and Non-Residential)	58	37
Total Number Highway Safety Division Referrals (Residential)	34	20

RESIDENTIAL REHABILITATION PROGRAM (PHASE II)

Staffing of the Residential Rehabilitation Program continued as in previous years with two therapists being present during the day from Monday to Friday, and two evening and weekend therapists being employed for the evening shift and to cover the day and evening shift during the weekend. There is no therapist on duty during the night hours, when any problems in the area are covered by the nurse and attendant in the Detoxification Unit, which is adjacent to the Rehabilitation Unit.

Admissions to this program continue to come through the Detoxification Unit and the programs were basically unchanged from the previous year.

The major objectives of this portion of the program are: (1) to encourage the client to identify as a chemically dependent person because of the consequences of their use; (2) to provide insight into the nature of their disease; and (3) to encourage motivation towards developing a continuing recovery program which can be followed after the Rehabilitation Program. The recovery rates of persons engaging in this portion of the program continue to be much higher than those who are merely detoxified.

The number of admissions to the Residential Rehabilitation Program decreased by 46 during 1988-89 to a number of 351 of which approximately 16 percent were female. There was a marked increase in the number of females from 84 the previous year to 52 in the year 1988-89. The average age of those engaging in this program is approximately 35 years, whereas the average age in the Detoxification Unit is approximately 40 years.

The number of Kings County residents who engaged in the Rehabilitation Program decreased to a number of 72 from 87 the previous year.

Persons engaging in this program develop a continuing recovery program in conjunction with the therapist, and all are referred to the After-care Program, either in Kings County or Queens County, following their discharge. It is also recommended that they attend two meetings of community Alcoholics Anonymous or Narcotics Anonymous per week for a period of at least six months.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	397	351
Total Number of Male Admissions	313	299
Total Number of Female Admissions	84	52
Average Number Monthly Admissions	33	29
Average Age - Males	34 yrs.	35 yrs.
Average Age - Females	33 yrs.	36 yrs.
Average Length of Stay	18 days	17 days
Total Number of Admissions - Parole	39	18
Total Number from Kings County	87	72

NON-RESIDENTIAL REHABILITATION PROGRAM

There was some variation in the program provided by this department during the year 1988-89, with films on marijuana and cocaine being presented. The emphasis continued to remain on alcohol dependency. In addition to the two-hour daily informational program in which both the residential and the non-residential rehabilitation clients engage, two sessions per week of group therapy with non-residents were developed to follow the programs on Tuesdays and Fridays. Individual counselling was also carried out by the staff of this department, as well as assessment of persons referred from the community.

Dr. Marjorie Smith, who is Medical Director of the Detoxification Unit, also assists the staff of the residential and non-residential rehabilitation programs as medical consultant and assessment source. In this capacity she has replaced the previous Medical Director, namely, Dr. Killorn. The number of persons engaging in the Non-Residential Program increased markedly during 1988-89 from 263 the previous year to 335 this fiscal year. The average number of monthly admissions to the Non-Residential Program was 28.

Combined with the number of persons in the Residential Rehabilitation Program, the total number of those who were provided with the morning informational sessions was 686, for an average of 55 persons per month in the rehabilitation programs of Queens County Addiction Services. Again, we would emphasize that we are unaware of any treatment program that provides services to such a large number of individuals with such a small staff. The major change in the staffing of the Non-Residential Rehabilitation Program was as noted previously, the engagement of Anne-Marie Bolger as a non-residential therapist. Dan Malone, who had previously been a non-residential therapist, was transferred to the residential department to replace Patricia LeClair, R.N.

All persons engaging in the Non-Residential Rehabilitation Program are also referred to a long-term Aftercare group. The average age of non-residents was approximately 40 years, which is somewhat older than those engaging in the residential rehabilitation program.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number Admissions (Residential)	397	351
Total Number Admissions (Non-Residential)	263	335
Total Number Engaging in Program	660	686
Average Monthly Admissions (Non-Residential)	22	28
Total Number Employer Referrals	18	7
Total Number Social Service Referrals	32	24
Average Age	39 yrs.	40 yrs.

RESIDENTIAL ASSESSMENT UNIT - POLICE UNIT

There was no change in the staffing or the procedures of the Assessment Unit during the year 1988-89. The unit serves the following functions:

- (a) Provides short-term protection for those persons referred by the police for public drunkenness in lieu of incarceration at the Provincial Correctional Centre.
- (b) Those referred from the Outpatient Department of the Queen Elizabeth Hospital for short-term care and assessment.
- (c) Persons requesting or requiring short-term detoxification.

There are eight beds in this unit and they are staffed by addiction workers under the supervision of the nursing staff of the Detoxification Unit.

Since we do not provide detention rooms in this unit for those who are unruly or aggressive, 40 percent of those persons brought by the police are still transported to the Correctional Centre.

Admissions to this unit are either brought by the local police or R.C.M.P., or screened through the nurse in charge of the Detoxification Unit. The Unit provides a much needed emergency service to the community and prevents the regular Detoxification Unit from becoming a revolving door operation.

The number of admissions to this unit during the year 1988-89 was approximately 300 less than the preceding year, namely, 1,185 compared to 2,188 the preceding year. The average number of monthly admissions was 121 or 4 per day. 95 persons were referred from this unit for further treatment, either to the Detoxification Unit, the Non-Residential Rehabilitation Program, or to the Residential Halfway House.

In order to cut down the number of persons being transported by the police to the Provincial Correctional Centre because they cannot be contained in the unit, obviously one or two seclusion rooms are necessary in the area. It is our opinion that these rooms should be at Hillsborough Hospital rather than in our Assessment Unit.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number Referrals	2,188	1,885
Total Number Police Referrals	1,739	1,623
Total Number Admitted	1,550	1,449
Total Number Police Referrals Admitted	1,052	1,320
Number Referred to Provincial Correctional Centre	687	613
Percentage of Police Referrals Admitted	61%	81%
Average Number Monthly Admissions	129	121
Average Number Monthly Police Admissions	88	110
Percentage of Police Admissions	68%	91%
Number Referred for Further Treatment	134	95
Average Length of Stay	2 days	2 days

RESIDENTIAL HALFWAY HOUSE - TALBOT HOUSE

This house, which is located on Kent Street in Charlottetown, contains 18 beds for those persons who are believed to require continuing treatment and protection after completion of the Rehabilitation Program or by staff decision being transferred from the Assessment Unit. The occupancy rate of this unit decreased during 1988-89 to approximately 70 percent, with the average length of stay increasing to 35 days.

The recommended length of stay in this facility is two months. The total number of admissions to the unit had decreased from 157 the previous year to 118 in 1988-89. This may reflect the fact that the number of beds was decreased the previous year from 21 to 18. There were 98 individuals served in this facility compared to 124 the previous year. The average age of persons using the Halfway House increased slightly to 38 years.

There has been an increase in the number of residents leaving the Halfway House and engaging in our regular Aftercare groups. There is an Aftercare group which functions at the Talbot House for the short period of time that these persons are residents, but they do require longer support through our Aftercare groups.

Programs are presented to the residents during their stay at the Halfway House to attempt to identify their living problems, identify their triggers for relapsing into their disease of chemical dependency, increasing their life skills, and attempting to obtain gainful employment for them.

When considered necessary, urinary assays are performed on a random basis on residents of the Halfway House.

Two regular Alcoholics Anonymous meetings are held in this facility weekly.

It should be noted that there was a marked decrease in the number of parolees admitted to the Halfway House during 1988-89. The number the previous year had been 41 and this year was only 18.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	157	118
Total Number Individuals Served	124	98
Occupancy Rate	80%	69%
Average Length of Stay	34 days	35 days
Average Age	36 yrs.	38 yrs.
Total Number from Parole Services	41	18

NON-RESIDENTIAL FAMILY PROGRAM

As noted previously, the Family Therapist was changed during the year 1988-89 because of the retirement of Muriel MacLeod, who had been the therapist for the past 12 years. The new therapist was Rose Roach, R.N., who had had previous experience in the Detoxification Unit, as well as personal experience in dealing with alcoholism. This one Family Therapist again continued to be responsible for the entire program with the assistance of other staff members and volunteers. We should, once again, mention that there is a marked overload in this part of our program, which is considered an integral part of the recovery of the total family, and it should be obvious that an additional Family Therapist is required by Queens County Addiction Services. The Family Therapist not only performs initial assessment on all family members of persons engaging in the chemical dependency program, but also organizes and operates the weekly Family Orientation Program, performs one-to-one counselling, and attends both residential and non-residential weekly meetings with the therapy staff.

Persons entering this program are either (1) referred by organizations or government departments dealing with the family in the community, (2) voluntarily seeking help for an addiction problem in their family, or (3) they are assessed by another staff member and referred to the Family Therapist for individual counselling and assessment, and hopefully engagement in our Family Orientation Program.

All clients engaging in our Rehabilitation Programs, either residential or non-residential, are requested to provide the name of a family member who can be contacted by the Family Therapist and an interview requested. The majority of those who are contacted will come for an initial interview, and approximately two-thirds of these will attend the Family Orientation Program.

The Family Orientation Program consists of ten weekly sessions of two hours duration on Monday evening and are open-ended. There are no group therapy sessions provided for those engaging in the Family Program, but continuing individual counselling is carried out by the Family Therapist. The total number of Family Orientation sessions presented during 1988-89 was 44, with average attendance at each session being 32 adults and 8 children.

There are no specific Aftercare discussion groups provided for family members other than those who attend the Parents Support Aftercare Group, whose adolescent children are in our Adolescent Program and an Adult Children of Alcoholics Aftercare Group.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Family Orientation Sessions	46	44
Total Number Attending Family Orientation Sessions	1,559	1,779
Total Number Adults Attending Family Orientation Sessions	1,213	1,390
Total Number Children Attending Concurrent Children of Alcoholics Program	346	389
Average Attendance, Monday Night Family Program		
(a) Adults	27	32
(b) Children	8	8

AFTERCARE PROGRAM

Phase III of our program following Detoxification (Phase I) and Short-Term Rehabilitation - non-residential or residential (Phase II), is described as Aftercare, and is an essential part of our total program. The basic Aftercare Program consists of attendance at one weekly group session led by an aftercare counsellor plus attendance at two community meetings of self-help groups, mainly Alcoholics Anonymous. In addition, individual counselling is carried out on a monthly basis for those requiring it, and is mandatory for those referred through the Employee Assistance Programs.

The Aftercare Program is recommended for all persons who have completed either the residential or the non-residential three-week rehabilitation programs. The length of stay in the Aftercare Program is recommended to be at least six months, but this time may be extended to one year under certain circumstances. The length of stay in Aftercare should probably be one year for all clients, but because of limited resources they have been confined to six months. Eight Aftercare groups operated on a continuing weekly basis during 1988-89, with an average attendance of 10.2, which is consistent with the previous year when it was 10.5. The number of persons served in this program was 245, which was similar to the previous year with the number completing as 138 or 57 percent. It should be noted that the percentage of those completing the program as related to those beginning continues to rise each year as our expertise continues to increase.

There is frequent communication between the Aftercare group leaders and the Phase II addiction therapists, and a monthly meeting is held, at which time administrative and other problems are discussed with the group leaders, the Director, and the staff member responsible for monitoring these groups, namely, the Public Relations Officer for Queens County Addiction Services.

In addition, two half-day training sessions for Aftercare Counsellors are carried out each year.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Number of Aftercare Groups	7-8	7-8
Number of Aftercare Sessions	357	388
Average Number in Attendance	10.5	10.2
Total Number of Persons Served	257	245
Number Completing Aftercare Program	124	138

PAROLE PROGRAM

The program which is recommended for parolees, either from federal or provincial correctional institutions, is a three-week Residential Rehabilitation Program followed by two months at the halfway house. During the stay at the halfway house they engage in Alcoholics Anonymous meetings in the house, plus an Aftercare group each week. It has been recommended that when they leave the halfway house they become absorbed into one of our other Aftercare groups.

During the year 1988-89 the number of parolees treated in our program decreased markedly from 50 in 1987-88 to 24 in 1988-89. There were two persons who began the program but were returned to the Correctional Centre because of breaking of rules.

The results of this program continue to be adequate as assessed by the local representative of the Correctional Service of Canada, namely, Brian Smith.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Number Persons Completed Program	50	22

IMPAIRED DRIVER PROGRAM

This segment of our program, which is operated in conjunction with the Highway Safety Division, has become relatively stabilized over the past five years. Persons referred to this program are those who have had three or more convictions for impaired driving at any time during their driving history. Those with a lesser number of convictions may be referred if found appropriate by the Highway Safety Division staff. Persons referred are assessed by one of our staff members and referred to either the Residential Rehabilitation Program or the Non-Residential Rehabilitation Program. It is compulsory for these people to complete the program in order to have their driver's license reinstated or retained.

Monthly reports are provided to the Highway Safety Division and it is on the basis of these reports that a decision is made regarding the person's reinstatement of their driver's license. Since the Alcohol and Drug Problems Institute provides rehabilitation services to Kings County residents, recidivist impaired drivers from this county are also referred to our residential or non-residential services. They are, however, referred back to Aftercare Programs in Kings County. The total number of persons from both Queens and Kings County who completed the program during the year 1988-89 was 107, compared to 117 the previous year. Of this number, 35 were from Kings County and 72 from Queens County. This number from Queens County has decreased somewhat from the previous year, when the number was 88.

A review of the results obtained by our treatment programs for impaired drivers was conducted during the summer of 1988, and this was carried out by a summer project. It was found that impaired drivers who were diagnosed as having the disease of alcoholism and who engaged in our program showed a dramatic improvement in their abstinence rates, as well as in the quality of their lives. These results served as a definite confirmation that our programs were extremely adequate in engaging a group in recovery programs who would not have otherwise be accessed.

It was again necessary for the regular staff to absorb the extra assessment, treatment, and reporting activities required to provide this service to the Highway Safety Division, but, once again, no increased resources were supplied. It continues to be felt that a liaison person is necessary between the Institute programs and the Highway Safety Division in order to continue to increase the results of this very important program.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number Assessments	139	92
Total Number Completed Non-Residential Program	86	86
Total Number completed Residential Program	31	21
Services Provided to Highway Safety Division		
Referrals from Kings County Addiction Services:		
Non-Residential Program	13	20
Residential Program	26	15
Total (Queens and Kings Counties)	117	107

EARLY RELEASE PROBATION PROGRAM

Helen Flynn, R.N., who continued to be seconded to the Alcohol and Drug Problems Institute from the Department of Justice to operate and monitor this program, continued to perform these activities during 1988-89.

The procedure was to have Helen Flynn assess persons at the Provincial Correctional Centre, mainly those incarcerated for impaired driving offences, and recommend transfer of those persons to the Residential Rehabilitation Program of the Alcohol and Drug Problems Institute under a temporary absence mechanism. During this fiscal year 65 persons were released under temporary absence, and 24 persons released on parole, under Helen Flynn's jurisdiction. The parole people were also involved with Brian Smith of the federal Correctional Service of Canada. This was a decrease from the previous year of 7 persons under temporary absence and 8 persons under the parole program. They were all absorbed into the mainstream of the Residential Rehabilitation Program and there was no specific program directly related to this group since we did not feel that this was feasible or necessary.

PUBLIC RELATIONS AND INFORMATION PROGRAM

Under the direction of the Community Development Coordinator, the activities of this program in Queens County were basically similar to the previous year. In the name of primary prevention of alcohol and drug problems, we continue to present programs to the elementary and junior high schools in this area, as well as special programs for senior high schools. Our focus has shifted from discussing the characteristics of specific drugs and the physical and psychological consequences of their use or abuse, to discussions on chemical dependency per se, with specific emphasis on alcoholism and cannabis dependency. Community professional and non-professional groups were also provided with information on our programs and on our philosophy towards the disease of chemical dependency, and the mechanisms for dealing with this.

In addition to monitoring and providing many of these school and community programs, the person designated as Community Development Coordinator also monitored the Highway Safety Division Program and our extensive Aftercare Program.

The information services provided to professional and non-professional groups in the area were, in some cases, in cooperation with the Community Development Coordinator of the Central Office. Our representative met with this Coordinator and the Community Development persons from the other counties on a monthly basis to discuss mutual concerns.

The major emphasis in presentations to community groups continues to be directed towards youth and their problems with alcohol, marijuana, and various other legal and illegal chemicals. It has been perceived that there is an increase in the use of cocaine on Prince Edward Island, and our informational programs reflect the problems encountered with this drug.

There were no out-of-province speakers procured to provide seminars for the staff during the 1988-89 year. Various members of the staff, however, attended outside conferences either locally or in the Atlantic region, and reported on the contents of these conferences to the remainder of the staff. As in previous years, a one-day session was presented on two occasions for the Aftercare leaders in the Queens County Addiction Services program, and these sessions were organized by our Community Development Coordinator.

As in previous years, a weekly one-hour training session for the therapy staff of Queens County continued. Various therapists on the staff present their views on either attendance at conferences or from reading material to the rest of the staff. In addition to this, outside speakers from the local area are brought in to discuss problems connected with the operation of our services. This group also reviews films which may be presented either to staff or clients. The members of the staff attending these sessions are encouraged to read various periodicals and present the contents of articles in these journals to the remainder of the staff.

During the year 1988-89 no seminars were held in conjunction with the other counties, as had been held in previous years, most particularly the two-day sessions presented by Jack Blanchard from the University of Prince Edward Island.

The Institute continues to focus a good deal of attention on the junior high schools, because we continue to believe that this is a crucial area in adolescent development, and has remained the major target group for our programs in the local schools. We offer a field trip to our non-residential facility combined with a two-hour informational session there. Once again, we might state that we are not reaching all the junior high schools in the area, but efforts continue to involve more schools.

The Community Development Coordinator has developed four modules for presentation to senior high school groups, and these were, once again, well received. We have also been involved with the Peer Education Program and the Students Against Drunk Driving program in the regional high schools.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Sessions (Elementary)	12	16
Total Number Individuals	411	412
Total Sessions (Junior High)	22	17
Total Number Individuals	649	499
Total Sessions (Senior High)	8	12
Total Number Individuals	313	275
Total Sessions (Mature Students and Community)	25	28
Total Number Individuals	458	536
Total Number of Sessions	67	73
Total Number of Individuals	1,831	1,722

STATISTICAL SURVEYS AND EVALUATION PROGRAM

The statistics for the various divisions of our programs are forwarded to the Central Office of Addiction Services on a monthly basis, as well as to our Community Development Coordinator and Director. We continue to utilize a monthly comparison form for each program in order that trends throughout the year might be noted and compared to other months, as well as similar months during the previous years. The statistics are analyzed by the Community Development Coordinator and presented to the staff at our weekly inservice meetings. The Community Development Coordinator continues to monitor the total Aftercare attendance which can be evaluated on a monthly basis, and these forms are also presented to the therapists, as well as to the Aftercare counsellors, at our regular meetings. An evaluation of the numbers attending Aftercare, as well as those beginning and completing the program are also included. The yearly summary is included in this report.

The Community Development Coordinator continues to monitor the Highway Safety Division Program and serves as our major liaison person with this department as well. This employee and the Director deal with any problems arising in our relationship with the Highway Safety Division. Monthly reports are provided to this division regarding compliance of their referrals with the directed program. Once again, we may state that we feel that a liaison person between Addiction Services and the Highway Safety Division is a necessity in order that these programs may continue to improve.

During the summer of 1988 a survey was carried out under a federal grant to determine the results of the referrals to our program from the Highway Safety Division and the results showed that this group, which were initially on a mandatory basis, showed a better end result than those who engaged in our program on a voluntary basis. The quality of their lives was markedly improved by involvement in the program.

NEW INITIATIVES

At the present time the Alcohol and Drug Problems Institute Inc. does not envision any major new treatment programs. However, the programs related to chemically dependent adolescents and pre-teen and teenage children of alcoholics, which for the past five years have been funded outside the Prince Edward Island Government budget of Queens County Addiction Services continue to expand, and the funding which was previously available to the Institute, namely, from an agreement with the Federal Parole Service and the community funding campaign will not be sufficient to carry these programs through 1990-91 and following.

The number of referrals to the Non-Residential Adolescent Program have been increasing, and it is anticipated that as a result of the Conference on Troubled Youth in February 1989, that these numbers will markedly increase.

In addition to the above, an Adult Children of Alcoholics Program is being developed, which although it theoretically should come under the Family Program, the pressure on the Family Therapist precludes her developing, presenting and monitoring this program, and one of our present Adolescent Counsellors is being groomed to present a four to six session program to adult children of alcoholics with the development of a follow-up group from this presentation.

In addition to the above, a Student Assistance Program has been developed in conjunction with the principal and guidance counsellors at Montague High School. Two of our Adolescent Counsellors spend two days each week in Montague operating this program, and although one of these is remunerated through the program which is funded by the Federal Drug Strategy Program, it provides a defect in our adolescent therapy staff, and places an added burden on those who are presenting our Adolescent Programs at the Institute.

It is the belief of the Board of Directors of the Alcohol and Drug Problems Institute Inc., as well as the staff, that the Adolescent Program should be incorporated under the umbrella of Queens County Addiction Services with funding from the Prince Edward Island Government through this mechanism. There has been a great deal of discussion in the community about providing services for youth, and we feel that one of the responses of government should be to provide additional funding to the Institute to operate our developed and functioning treatment programs, which we look on as a major element in prevention of alcoholism and drug dependency.

Our major new initiative for the year 1991-92 and following would be as follows:

(a) ADOLESCENT PROGRAMS

It is the opinion of the Director, in conjunction with the Board of the Alcohol and Drug Problems Institute that three (3) Adolescent Counsellors should be funded under the budget of Queens County Addiction Services to provide the ongoing services as above. Since three of the members of our present Adolescent staff have been designated by the Addiction Intervention Association as Certified Addiction Counsellors, we feel that they should be designated as Social Service Worker III, as are the rest of the addiction therapy staff, at a beginning salary of approximately \$27,000. The total amount then necessary to operate this program would be approximately \$80,000.

The remainder of the cost of this program, namely, space, telephone, literature, print-outs, etc. could be absorbed with the present Queens County Addiction Services budget.

(b) COMPUTERIZED SERVICES

It is, once again, the opinion of the Board of the Institute, as well as those of the staff who are involved in evaluation, that computerization of information relative to our varying programs is a necessity if we are to provide both ourselves and the Provincial Government with continuing information relative to the ongoing progress and outcome of chemically dependent persons and their families who engage in our programs. It is not possible to obtain all the material necessary because of a lack of adequate coordination, which could be provided by a computer.

It is estimated that the cost of such a system for the programs of Queens County Addiction Services would be approximately \$10,000.

(c) STAFFING REQUIREMENTS

There are staffing requirements which could improve our programs such as an Assistant Family Therapist, a part-time Secretary, and a liaison Therapist with the Impaired Driver Program. However, all of these have been mentioned previously, and, undoubtedly, the Government would feel that we should either provide these services under the global budget which is presently being designated for Queens County Addiction Services, or provide these services with the present staff.

PRINCE COUNTY ADDICTION SERVICES INC.

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C1N 4W6
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BOARD OF DIRECTORS
PRINCE COUNTY ADDICTION SERVICES INC.

APRIL 1, 1988 - MARCH 31, 1989

Mr. Maynard Schurman, Chairman
Mr. Frank Barry
Mrs. Pauline Deighan
Mr. Russell Gallant
Mr. Blair Heeschen
Mr. Neil MacLeod
Mr. Alan Montgomery

MANAGEMENT PERSONNEL

Mrs. Elizabeth Pickering, R.N.	Prince County Director
Mrs. Amy Gaudet, R.N.	Nursing Supervisor Primary Care Unit
Mr. Michael Fitzpatrick	Rehabilitation Supervisor Intermediate Care
Mr. Gerald Rooney	Residence Manager Extended Care Unit
Dr. Sheldon R. Cameron	Medical Consultant

PRIMARY CARE (DETOXIFICATION PROGRAM)

The Primary Care Unit located in the basement of the Prince County Hospital's Nurses Residence carried out its objectives in much the same manner as in previous years. These objectives are to provide safe medically supervised detoxification from all mood-altering chemicals, instruction of clients as to the nature of their addiction and motivation to further treatment.

Self or family referrals continue to be the main referral source for this unit accounting for approximately 58 percent of the referrals. The remainder of the referrals are made by agencies such as hospitals, physicians, and various areas of the justice system.

During this reporting period the demand for service continued to increase as in previous years with the average occupancy rate remaining consistently high above 90 percent. Because of this high occupancy rate, beds are seldom available at the time they are needed and clients must wait in some cases several days for admission. Under these circumstances, it is becoming increasingly difficult to provide emergency service for those who require it.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	661	565
Total Number of Male Admissions	576 (87%)	503 (89%)
Total Number of Female Admissions	85 (13%)	62 (11%)
Total Number of Individuals	395	386
Total Number of New Clients	164 (24.8%)	159 (28.1%)
Average Age - Male	40 yrs.	39 yrs.
Average Age - Female	38 yrs.	42 yrs.
Average Length of Stay - Males	7 Days	10 Days
Average Length of Stay - Females	15 Days	17 Days
Average Occupancy Rate	94%	91%

DETOX. VOLUNTEER FOLLOW-UP PROGRAM

This program is conducted by a group of volunteers composed of people who are recovering from chemical dependency. It operates under the direction of the Detox. Nursing Supervisor and a volunteer Coordinator. There are approximately 90 volunteers involved in the program. Its objectives are:

- (1) To provide an ongoing community support system for clients both during treatment and following discharge.
- (2) To assist the Agency's follow-up services.
- (3) To utilize valuable community volunteer workers.
- (4) To strengthen communication and maintain rapport between the Agency, the program of Alcoholics Anonymous and the general public.

The program operates according to a rotating monthly schedule set up by the Coordinator. Teams of two volunteers visit the Detox. Unit twice a week to interview those clients who have given written consent to see them. During the visit, the client is encouraged to choose a contact from his or her own community for additional support and introduction to a local A.A. group when he/she returns home. The contact is immediately established by telephone and the contact's name and telephone number are recorded on the client's file for future reference.

This program has been in operation for several years and has proven to be a valuable asset to both the agency and its clients. Its success is due to the continuing dedication of the Coordinator and the many volunteers.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Contacts Made	226	275
Summerside and Area	87	80
West Prince	89	120
East Prince	26	42
Kings County	2	9
Queens County	13	8
Other	9	16

INTERMEDIATE CARE (REHABILITATION PROGRAM)

The Intermediate Care Program provides the second phase of treatment for chemical dependency. The main requirement for admission to the program is that the client must be adequately detoxed from all mood-altering chemicals.

The program is of three weeks' duration and may be taken as a resident or day case dependent on the decision of the admissions staff. This decision is based on several factors such as the availability of transportation, the stability of the home environment, the severity of the dependence and the client's motivation to remain abstinent during treatment. The treatment regime is identical for residential and non-residential clients as they are intermingled in the same therapy group. Residential clients are housed in either the Primary Care Unit or the Extended Care Facility, St. Eleanor's House.

In a closed, small (maximum twelve members) group setting the nature of chemical dependency is explored in depth. The negative effects on the physical, emotional, social and spiritual well being of the individual are emphasized. Guidelines to successful recovery are suggested and effective living without the use of mood-altering chemicals is promoted. Various techniques employed include lectures, video tapes, group discussion and guest speakers.

During the program clients are encouraged to view the group as their main support system and to maintain contact with group members after completion of the program. This is promoted in recognition of the fact that the group as a whole can be more effective in this capacity than individual counsellors. It also avoids the situation of clients becoming overly dependent on the counselling staff.

Emphasis is placed on Aftercare as a critical component of the overall recovery process. Upon completion of the Intermediate Care Program, participants are referred to the third treatment phase which is attendance at a weekly Aftercare group for a one-year period. It is also recommended that they attend a minimum of three A.A. meetings per week.

Repeat admissions to the Intermediate Care Program are not made for a minimum of one year and then only at the discretion of staff. In the event of a return to chemical use, clients are referred to the Primary Care Unit and encouraged to resume their Aftercare recommendations following detoxification.

This program is also much in demand and is usually booked at least two programs in advance. This means that clients must wait three to six weeks for admission.

The majority of referrals to this program are received from various areas of the Justice system. Another significant source of referral is the Highway Safety Division.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	180	146
Total Number of Individuals	174	142
Total Number of New Admissions	131 (72.8%)	100 (68.5%)
Total Number of Male Admissions	151 (84%)	133 (91%)
Total Number of Female Admissions	29 (15%)	13 (9%)
Average Age - Male	36	35
Average Age - Female	35	38
Percentage of Residential Clients	56.1%	57.4%
Percentage of Non-Residential Clients	44.5%	42.6%
Total Number of Justice Referrals	58	55
Total Number of Highway Safety Referrals	39	35

ADOLESCENT TREATMENT PROGRAM

One two-week Adolescent Treatment Program was operated in August 1988 as a component of the Rehabilitation Program.

It is operated in a similar format to the Adult Program in a combined residential/non-residential closed group setting. Family involvement was an integral part of the program.

STATISTICAL SUMMARY

Number Commencing	7
Number Completing	5
Average Age	15 yrs.
Source of Referral	Justice 6
	Parental 1

AFTERCARE PROGRAM

Following completion of the Intermediate Care Program, clients are enrolled in a structured Aftercare Program. They are strongly encouraged to attend and complete the third phase as it is considered to be a final component of the complete treatment process. It is designed to assist the client to maintain long-term abstinence and reinforce the lifestyle changes promoted during the earlier treatment phases.

Eight small groups meet weekly under the leadership of individuals from the community who have experienced chemical dependency themselves and have acquired stability in their personal recovery. Two of these Aftercare groups are conducted in the West Prince area to provide easier access for residents from that area.

Clients are encouraged to complete the full Aftercare phase. The recommended length of time is one year.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Groups	6	7
Total Number of Group Sessions	298	367
Average Group Size	9	8
Total Number of Individuals	241	205

FAMILY CARE

Various services are provided for the family of the chemically dependent individual by this Agency.

A structured Family Information Program consisting of one evening session weekly for nine weeks is conducted by the Family Counsellor at the Addiction Centre in Summerside. The program is open-ended and recycles every nine weeks. Although especially intended for family members of clients in treatment it is also open to any individual in the community who is affected by or concerned about another's chemical use regardless of whether or not that person has been exposed to treatment. Two general topics "Addictions" and "Family Recovery" are dealt with during the nine weeks by use of films, lectures and group discussions.

In order to provide family services for residents of West Prince, one full cycle of the Family Information Program has been conducted in the Westisle Composite School each fall for the past several years.

In addition to the Information Program, other services are provided for the family. The Family Counsellor contacts some family member of every client who is admitted to any one of our treatment programs. Individual counselling is provided as well as referrals to other agencies and to self-help groups such as Al-Anon and Alateen.

Information sessions on the family effects of chemical dependency are also provided for clients in treatment in both Primary and Intermediate Care Programs. These are also conducted by the Family Counsellor.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Individuals	857	638
Total Number of Office Consultations	463	424
Total Number of Telephone Consultations	953	794
Total Number of Large Group Sessions	51	54
Total Number in Attendance	719	595
Average Group Size	14	11
Total Number of Small Group Sessions	42	40
Total Number in Attendance	414	301
Average Group Size	10	8

WEST PRINCE FAMILY INFORMATION PROGRAM

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Group Sessions	7	7
Average Group Attendance	15	23
Total Number of Individuals	38	44

WEST PRINCE COUNSELLING SERVICE

A community addictions counselling resource is provided in the Western area of Prince County. Staffed by one full-time counsellor with a back-up of other staff of the Agency, this service provides assessment, counselling, referral and follow-up counselling for residents of West Prince.

The Counsellor has office hours in the Western Hospital, Alberton, two days a week and in the Regional Services Centre, O'Leary, two mornings a week.

He also conducts group sessions weekly in the Primary Care Unit to familiarize clients from West Prince with his services and to develop follow-up plans following their discharge. In addition, the Counsellor conducts a weekly Aftercare group in Alberton.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Individuals Served	364	333
Total Number of Home Visits	118	72
Total Number of Detox. and Hospital Visits	84	110
Total Number of Office Visits	635	615

EXTENDED CARE

The Extended Care Facility "St. Eleanor's House" is the oldest treatment facility in Prince County. During this reporting period it continued to function in a similar manner as in previous years. In recent years there has been a significant increase in the demand for services in this facility. The rising demand for service is due to an increase in the number of referrals from the Justice system.

The house program is aimed at reinforcing the guidelines to recovery introduced during earlier treatment phases by daily exposure to films, group discussions and A.A. meetings. The house rules and work therapy are some of the methods used to assist residents in adopting more appropriate lifestyles. Clients are encouraged to seek employment as soon as they are considered to be stable in their recovery. If unemployed, referrals are made to Canada Employment and Immigration as well as other agencies for programs such as upgrading educational levels, vocational training or work adjustment training and other similar projects.

As staffing is minimal in this facility, residents are responsible for housekeeping, laundry, maintenance, gardening and grounds-keeping duties. These duties are assigned on a weekly schedule and each resident is responsible to carry out his assigned tasks.

Residents are gradually prepared for stable re-entry to the community and encouraged to regain family ties where possible.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Admissions	113	106
Total Number of Individuals	92	96
Number of New Admissions	73	66
Average Age	39 yrs.	37 yrs.
Average Length of Stay	33 days	34 days
Occupancy Rate	86%	84%

NON-RESIDENTIAL SERVICES

In addition to the structured treatment programs, the Agency provides various non-residential services such as: assessment and intervention interviews, individual counselling, follow-up counselling, Antabuse administration, and drug screening. The major sources of referral for these services continue to be from various areas of the Justice system, Highway Safety Division and employers. These services are mainly provided by the Counselling and Nursing staff of the Agency.

A number of these non-residential services are provided outside the Agency's facilities. These would include such areas as hospitals and provincial correctional institutions.

STATISTICAL SUMMARY

	<u>1987-88</u>	<u>1988-89</u>
Total Number of Individuals Seen	637	468
Total Number of Telephone Consultations	1,082	1,042
Total Number of Office Visits	743	641
Total Number of Visits Outside the Agency	55	93

COMMUNITY DEVELOPMENT SERVICES

This program complements the treatment services of the Agency in attempting to reduce alcohol and other drug problems in the community.

Under the direction of a Community Development Coordinator, many approaches are used in raising public awareness of issues related to chemical dependency. Focusing mainly on youth, the majority of the Coordinator's time is spent in conducting information sessions in schools and other youth groups as well as working with parent groups. Information sessions are also presented to other community and professional groups. A great deal of information is disseminated to the general public by use of the media, public displays and the maintenance of the resource library at the Addiction Centre in Summerside. This lending library is available for public use.

The Coordinator also serves on a Provincial Committee to develop and coordinate Provincial projects such as Drug Awareness Week.

STATISTICAL SUMMARY

<u>Type of Group</u>	<u>No. of Sessions</u>		<u>Average Group Size</u>		<u>Total Attendance</u>	
	<u>1987-88</u>	<u>1988-89</u>	<u>1987-88</u>	<u>1988-89</u>	<u>1987-88</u>	<u>1988-89</u>
School Students	65	40	32	34	2,096	1,363
Mature Students	16	14	21	19	340	264
Community	16	15	25	20	407	308
Professional Groups	10	9	27	30	281	273
Other	34	27	13	7	329	186

MISCELLANEOUS ACTIVITIES

	<u>1987-88</u>	<u>1988-89</u>
Displays	25	38
Meetings	35	52
Media Activities	12	12
Other	3	6